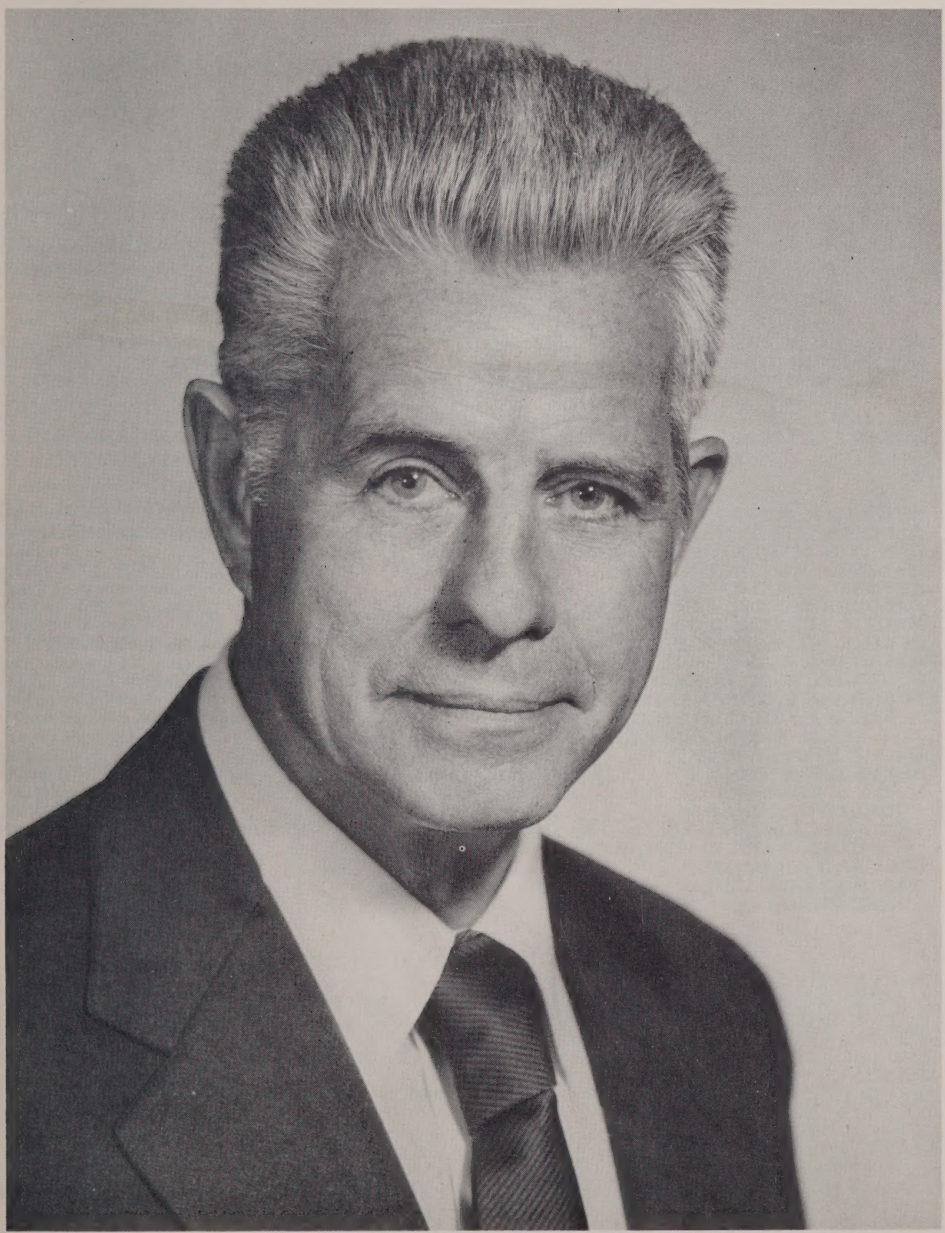
The Hampden Hippocrat

June 1973



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VOL. XXIX, NO. 6 JUNE 1973

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The official bulletin for The Hampden District of The Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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A Message from the President of the Massachusetts Medical Society

to the Membership of the Hampden District Medical Society

One thing is certain, the coming year is going to be one of changes. These changes will affect every physician in Massachusetts. They will affect the way he practices medicine and the manner in which he is compensated for it. What is more important, they are going to effect his relationship (or lack of it) to other physicians in his community and throughout the State. Now, as never before, he will need the advice and support of his colleagues, his district society and the state society. Let me mention just a few of these changes.

1. The P.S.R.O. legislation (Professional Standard Review Organization) is now a part of the law of the land. Moreover, we physicians have just two years to show that we can effectively review our own performance. After that, it will be done for us.

2. Foundations probably represent our best hope of preserving a pluralistic system of medical practice; yet, many physicians in Massachusetts still feel that they do not know enough about Foundations to become actively involved in one.

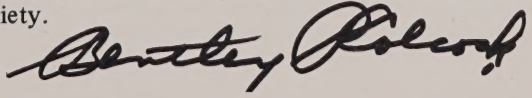
3. Some of our colleagues are interested in health insurance organizations; yet in certain parts of the country, labor unions – formerly great supporters of H.M.O.'s are now raising the question of underutilization on the part of physicians in some health maintenance organizations.

4. Physicians will be invited to join a medical union. Any physician is certainly free to do so, but they should realize that it means giving up more of their professional freedom. As members of a union, they will be expected to do (strike, etc.) whatever the leaders of that union decide the union should do.

5. The Governor is attempting to reorganize Blue Shield. This legislation, if passed, will directly affect every physician in Massachusetts. In response to a mailing of the Massachusetts Medical Society on this matter, approximately only 500 physicians replied. Most of these replies indicated strong objection to the bill, especially the retention of the Participating Physician's Agreement. But how do the 6500 other members who did not reply, feel about it?

6. Like P.S.R.O.'s "continuing medical education" for physicians is also here to stay. Already, some state medical societies have made it a requirement for retention of membership in the society. It will probably be a part of all Federal legislation concerning medical care in the future.

Your State Society will do its best to keep its members informed of the current status of these and other changes which affect physicians. My first priority for the coming year is to improve communication between members of the Massachusetts Medical Society and their headquarters at 22 The Fenway - Boston. But good communication is a two way street. Your officers hope you will *read* the Newsletter when you receive it. We hope you will *call* or *write* if you have a problem which we could help you with. If you would like to *talk* to one of us in person, we will do our best to respond. Why is the voice of labor so effective, both at the State House and in Washington? Because they are united! The time has come for physicians in Massachusetts to be united, not in an autocratic union but in a democratic organization, such as their State Society.



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Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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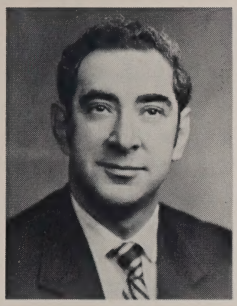

Your President's Page

PRESIDENTIAL GOALS FOR 1973-1974

To set sail, a dutiful navigator must map his course, and make certain his sextant and compass are in good function, lest he not reach his destination. I have been entrusted as the Captain of your ship. My crew consists of over 530 physicians in our society. Every man and woman aboard the H.D.M.S., is indeed an integral part and principle participant in charting a meaningful course. I cannot control the speed of our ship but can in-part direct its destination:

(1) It is time we opened our membership to the many interns and residents in our community, some of whom may stay on and practice along with us. By reducing their dues and accepting their state licensure and or their tenure in an accredited training program, they can join ranks of organized medicine and we can learn from each other.

(2) Every new physician in private practice and those who join our hospitals as full time clinicians and teachers must be welcomed to join our district and state society. We are physicians first and foremost and our society must reflect collectively each and every idea we can offer to our community. I am deeply disturbed to note that well over one half of our members do not come to our district meetings.

(3) It will be my earnest effort and that of your executive committee to bring to each district meeting a learned speaker or legislator who will relate to us the timely problems which may well alter the practice of medicine. Through our meetings and the continued vigilance of the Hampden Hippocrat, under the new and able leadership of Dr. Walton Stevens, we shall keep you abreast of all important legislative statutes in both state and federal level.

(4) The grass-root movement of Foundations, beginning with Doctor Howard Simpson, Dr. John Turner and its establishment during the Presidency of Dr. John Bandeian, were important steps for our society. Upon this cornerstone, Dr. Robert LaMarche began to build the structure of Health Care Foundation of Western Mass., Inc. During my tenure as your president, I will do everything in my power to influence you to join the *Foundation* movement. I support this concept; for within its framework is our only hope and realization of any resemblance and continuity of doctor-patient relationship, as we know it today. It is far better than our peers judge us and direct our course than be engulfed by the torrential typhoon of Federalism.

(over)

(5) As physicians we are well aware of the ominous and insidious rise of malpractice suits throughout our nation and community. The day following my nomination, I called Mr. Frank Uman, President-elect of the Hampden Bar Association, and urged him to revive the establishment of "The Medical-Legal Review Board." His enthusiasm was equal to mine. He has already assigned Attorney Donald Beaudry to work with our Dr. Eugene Boss, Jr., each respective chairman, with their committees on medical-legal affairs to work out the details and feasibility of this Board. I am most hopeful that with the establishment of the Medical-Legal Review Board, we as physicians and lawyers can meet and arrive at an equitable and just decision of impending malpractice suits, *before* it reaches the courts.

(6) I wish to foster a greater physican-community involvement. It is not enough to attend to our sick in our offices and hospitals but permeate, we must, into the very central core of community activities. We as physicians, of the Hampden District Society have already begun last month to meet the challenge of venereal disease on our youth. Not one physician has turned me down to volunteer his services, from his pressing active practice, to devote one full morning or afternoon to teach in the seven junior high schools of Springfield. With the cooperation of Monte Flagg, Supervisor of Health Services, we hope to embark into a more extensive program in the Fall and extend our involvement to all the school systems within the area of our county.

My fellow physicians, I know no nobler calling than medicine, it is the very essence of humanity. Come aboard the ship, H.D.M.S., and direct its course and help navigate its future.

Setrag A. Zacarian, M.D.

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HIGHLIGHTS MMS COUNCIL MEETING

The stated meeting of the MMS Council was held in Boston on May 23, 1973. Representing the HDMS were the following Councilors: Drs. James D. Allan, Augustino G. Asinas, John C. Ayres, Eugene W. Beauchamp, Jr., Louis F. DeRose, Elmer F. Franseen, John F. Griffin, Donald R. Hayes, Garry DeN. Hough, III, Frank G. Mills, Paul T, Moore, Frederick C. Schwendenmann, Lorne C. Smith, Bruce B. Stoler, Allen S. Johnson, Robert N. LaMarche, and Walton E. Stevens. The meeting was called to order by President James F. McDonough at 10:15 A.M. with the minutes of the preceeding meeting, held on February 14, 1973, being accepted as read.

Opening ceremonies consisted of a presentation by Mrs. Joseph H. Killelea on the activities of the WAMMS during the past year. She spoke of the continuing efforts of the Auxiliary in the fields of legislation, health carriers, and health education. The New England Conference on the Quality of Life

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sponsored by the MMS, WAMMS, and other various voluntary, professional, and unqualified success. Membership in the Auxiliary increased. All in all, great strides were made by the Auxiliary during the year in the areas of legislation, health education, membership, health careers, AMA-ERF, and international health.

At the conclusion of Mrs. Killelea's presentation, the Council adopted a resolution commending and thanking the Auxiliary for its extra-ordinary enthusiasm, competence, and endeavors on the occasion of its Silver Anniversary.

Raymond T. Holden, M.D., a member of the Board of Trustees of the AMA, discussed the impact of Phase III on physicians, the relatively little progress being made on rules and regulations pertaining to PSRO's, and cut-backs in funding HMO's.

Mr. William F. Malloy, Legislative Counsel for the MMS made a plea for more concentrated personal contact – not only in business, but also socially – by physicians with their legislators if favorable and positive action is to be attained.

Mr. William T. Speers, Jr., Legal Counsel to the MMS, spoke on the Governor's bill to restructure the Blue Shield corporation. If the said bill should be adopted, this would not per se invalidate the unpopular Physician's Agreement, since change in corporate structure does not negate existing contracts. It is Mr. Speer's contention that the present Blue Shield's Physician Agreement can be held to be in violation of antitrust laws (Sherman Act) since the latter forbid the fixing of prices for goods and services. Despite the aforesaid, he warned that the MMS must stay away from any formal action or advice regarding the Physician's Agreement because it could be accused of conspiracy. Physicians as individuals can abrogate their Physician's Agreement individually but for the MMS to take action could be interpreted as promulgating a boycott and subject to prosecution. His advice was to oppose the Governor's bill and work otherwise for changes.

COMMITTEE REPORTS

The Committee on Publications reported on the continued steady increase in the circulation of the *New England Journal of Medicine,* the maintenance of textual material of high caliber, and the numerous economies which have again established the *Journal* in a firm financial position despite a definite decrease in the income from advertising.

The Treasurer reported that the MMS in 1972 operated at a deficit of $38,000 after reserves, compared with a deficit of $10,400 in 1971. The larger deficit was incurred despite the fact that expenses were nominally lower than in 1971, income from investments increased by more than 10% and income from dues was approximately unchanged. The larger deficit is more than accounted for by the fact that the NEJM, which provided almost $44,000 in revenue to the MMS in 1971 from its 1970 income, had high non-reimbursing expenses in 1971 and consequently did not make its annual contribution to the Society in 1972.

The Committee of Medical Education's highly detailed "essentials" and guidelines for the conduct of accreditation of institutions and health related organizations who provide programs or courses in continuing education for Mass. physicians were referred back to the Committee for clarification after considerable debate.

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The meeting was recessed for lunch at 12:15 P.M. following the presentation of 50 year membership pins to well-deserving Fellows.

Upon resumption of the meeting at 1:45 P.M., the Committee on Nomination's report was taken up. Additional nominees were named from the floor for the offices of President-Elect and Delegates to the AMA. After the Oratory subsided and the ballots were counted, the recommendations of the Committee prevailed.

The Advisory Committee on Abortion's recommended Policy Statement on Abortions generated considerable discussion and was itself aborted.

The Committee to Recommend Directors of Blue Shield nominated the incumbent directors due for election as well as two "lay" people to fill an existing vacancy on the Board.

Inasmuch as physicians are finding it difficult to obtain adequate representation in regional health planning agencies ("B" Agency), the Committee on Area Health Planning recommended that each district society form its own committee on area health planning with an eye to making an impact on the Respective "B" Agency.

FOUNDATIONS

The salient features of the Committee on Foundations' information and report are quoted below in an effort to dispel the confusion and lack of information which seems prevalent amongst physicians in Mass.

"Briefly, a Foundation for Medical Care is a management system for community health services created locally by local physicians, usually through the county (district) medical societies or the state society. Through this activity Medical Care Delivery Organizations (MCDOs), monitored by the doctors for quality, effectiveness and cost-efficiency are created. Working with third-party payors, these MCDOs are able to provide peer review of the services of physicians and other providers of medical care thereby increasing cost-efficiency and making it possible to offer broader insurance benefits such as comprehensive out-of-hospital coverage. It is more than probable, however, that with the institution of PSROs (see below) the Foundations for Medical Care will have an even greater influence on the pattern of the delivery of medical care in the future. Certain of the aims of these organizations are well stated in the Articles of Incorporation of the Bay State Health Care Foundation, six of which are listed below:

1. To promote the availability of high quality health care
2. To insure entry into the health care systems of all persons in the area
3. To organize peer review activities. to deal with cost, quality and utilization of health care services.
4. To encourage experimental models of health care delivery and to encourage the utilization of ambulatory care as alternative to hospitalization
5. To promote comprehensive health care planning and coordinated development by the health professions.
6. To develop and promulgate acceptable standards for comprehensive health insurance coverage

Your committee has taken note of the fact that as of March 15, 1973, there were five foundations in existence in Massachusetts. The Bay State Health Care Foundations is by far the largest and comprises the Districts of Middlesex East, Middlesex South, Middlesex Central, Suffolk, Norfolk, Norfolk South and Essex South. In the western area the Districts of Hampden, Hampshire, Franklin and Berkshire have combined to form a foundation. Charles River and Barnstable Districts have formed their own foundations, and it is our understanding that Plymouth is in the process of exploring the possibility of forming its foundation. It should be noted, however, that none of these foundations are active in the medical care delivery field as of the date of this report.

PSRO Legislation was passed by the last Congress in October, 1972. Professional Standards Review

Continued on page 14

Rental and Sales of all patient supplies . . .

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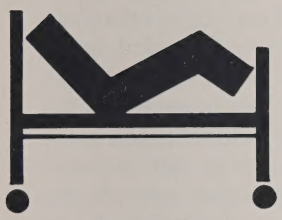

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Organizations must be active by January 1, 1974, and have two years to prove themselves. These PSROs must, according to the Federal Law 92-603, be composed by physicians and osteopaths who unite to monitor necessity of hospital admission and the length of hospital stay for Medicare and Medicaid patients. Medical societies which have conditions of membership and require payment of dues are prohibited from acting as PSROs. On the other hand the minitoring process is left to physicians and osteopaths for the two-year trial period. It is quite probable that some Foundations can qualify as PSROs and that in any event the district societies and the foundations working together can form groups of physicians who will carry out the PSRO function. Another requirement of these organizations is that they be relatively small and that the peer review monitoring function be carried out locally by local physicians and osteopaths. Many physicians look upon this PSRO legislation as an invitation to become involved in attempting to control the cost of medical care. These physicians also believe that if organized medicine is unable to play a responsible role in this matter, then a National Health Service is inevitable.

In May of 1972 the Council approved the bylaws of the Commonwealth Institute of Medicine and gave it a drawing account of $100,000 at 6% interest. This loan is to be repaid when the Commonwealth Institute of Medicine is funded by other sources. The Institute was incorporated 22 August 1972 as a statewide umbrella agency for new and existing medical care delivery systems. The Institute represents a critically timed attempt to safeguard traditional patient-physician freedoms and will operate by marshaling private and public resources in an effort to contain or reduce costs while concurrently improving the quality of medical care. The Institute has four primary responsibilities: To conduct comparative cost-quality studies for relative effectiveness of different medical care delivery systems. to work with organizations, particularly foundations, in developing statewide guidelines for peer review mechanisms; to work, independently or with other agencies, in monitoring the cost and quality of medical care in Massachusetts; and, to act, under certain circumstances as a liaison between physicians and third parties whether private or governmental. The ultimate aim of CIM is first to gather objective data relative to the performance of various types of Medical Care Delivery Organizations (MCDOs) and second, to bring about a critically needed reduction in the costs of the delivery of all phases of medical service in Massachusetts, without jeopardizing the quality of care.

In keeping with its mission the Institute has offered to the State of Massachusetts the "Commonwealth Hospital Admissions Monitoring Program (CHAMP)." CHAMP provides a method for unbiased, concurrent, "on-line" monitoring of patient-physician-hospital interactions in Massachusetts. It is patterned after programs which have been successful elsewhere in assuring that hospital resources are properly utilized

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from the standpoint of cost-effectiveness and quality of care. Acceptance by physicians of this type of peer review is essential and rests primarily on the proper performance of "coordinators" and physician advisors.

Coordinators are recruited from the allied health professions: Nurses, ex-corpsmen and physicians' assistants for example. They must certify the necessity for hospital admission and duration of hospital stay based on the patient's illness, using criteria provided by the CHAMP Committee. Coordinators never deny admission or hospital stay; when they identify deviation from the state criteria, the problem is referred to a Physician Advisor for solution. In the event of willful non-compliance with the program, sanctions may be levied against physicians and hospitals by decision of the CHAMP Committee.

On the date of discharge the coordinator certifies to the third party payor that the days spent in the hospital were necessary, and payment is then expected to be made promptly to the hospital and the physician.

An abstract of the patient's hospital experience is prepared and these data are analyzed to modify admission policies, length of stay criteria and patterns of medical care delivery which need improvement through educational programs.

In every state where a CHAMP-type program has been properly implemented, cost-effectiveness has been improved and savings have been effected without sacrifice of quality.

The Office of Human Service of the Sargent Administration is currently negotiating with CIM to implement this program for Medicaid. It should provide a working model for the PSRO effort which is certain to come.

If CHAMP is implemented this will be one source of income for CIM. Another effort has been directed toward the Federal Government. A Grant Application has been submitted asking for a three-year study of the quality of medical care in Massachusetts as measured by outcomes of certain specified illnesses. At this time it is not known whether such a study will be funded by Washington, but we are optimistic.

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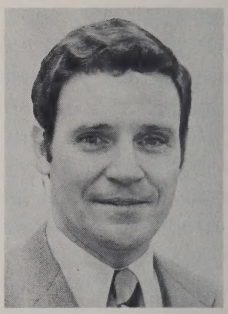
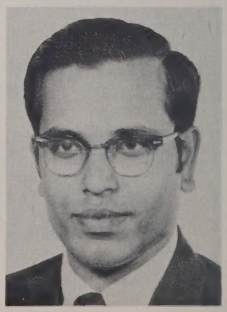


John P. Carey, M.D. – Massachusetts Mutual Life Insurance Co., 1295 State Street, Springfield, Massachusetts. Born: February 15, 1932. Medical School: Yale University, 1957; Internship: Rhode Island Hospital, Providence, Rhode Island, 1957-1958; Residency: Rhode Island Hospital, Providence, Rhode Island, 1958-1959; Jersey City Medical Center, Jersey City, New Jersey, 1961-1963; Specialty: Internal Medicine.

Paul A. Gobeille, M.D. – Wesson Memorial Hospital, 140 High Street, Springfield, Massachusetts. Born: June 30, 1937. Medical School: University of Pittsburgh School of Medicine, 1967; Internship: Mercy Hospital, Pittsburgh, Pa., 1967-1968; Residency: Lahey Clinic, Boston, Massachusetts, 1968-1969 and 1971-1972; Specialty: Emergency Medicine.

Robert S. Mausel, M.D. – Providence Hospital, Holyoke, Massachusetts. Born: July 3, 1942. Medical School: University of Oklahoma, 1969; Internship: Montefiore Hospital and Medical Center, Bronx, N. Y., 1969-1970; Specialty: Emergency Medicine and General Practice.



Kollegal S. Murthy, M.D. – Wesson Memorial Hospital, 140 High Street, Springfield, Massachusetts. Born: January 30, 1940. Medical School: Bangalore Medical College, Bangalore, India, 1963; Internship: Victoria Hospital, Bangalore, India, February 1963 – February 1964; Queens Hospital Center, Jamaica, N. Y., July 1966 – June 1967; Residency: Henry Ford Hospital, Detroit, Michigan, July 1967 – June 1970; New England Deaconess Hospital, Boston, Ma., July 1970 – June 1972; Specialty: Internal Medicine.

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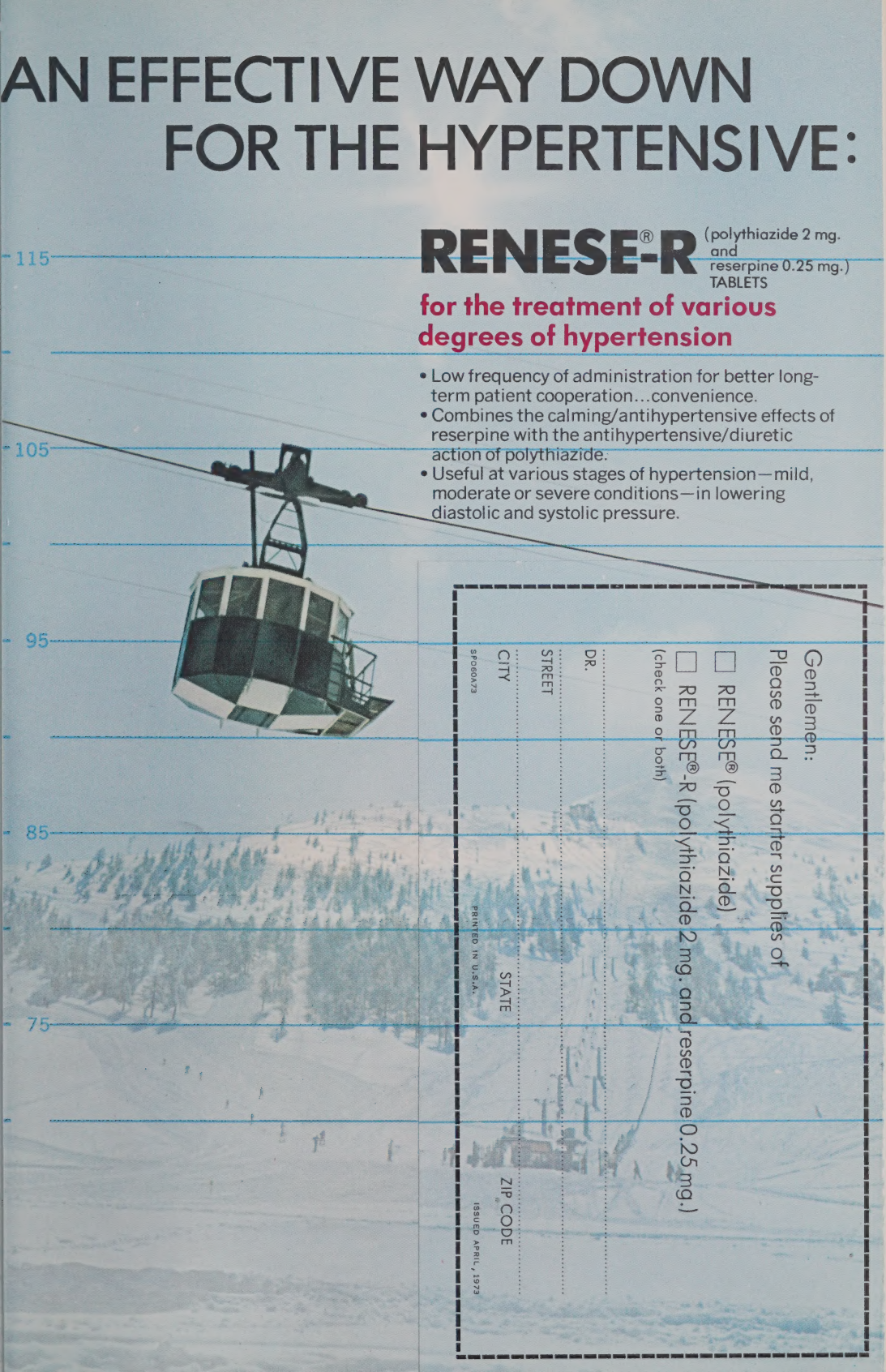

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BRIEF SUMMARIES

RENESE®-R (polythiazide 2 mg. and reserpine 0.25 mg.)

Contraindications: *A. Related to polythiazide*—1. Advanced renal or hepatic failure. 2. Hypersensitivity to this or other sulfonamide derivatives.

B. Related to reserpine—1. Demonstrated hypersensitivity. 2. Mental depression. 3. Demonstrated peptic ulcer or ulcerative colitis.

Warnings: Serum electrolyte determinations are especially indicated for patients with severe derangement of metabolic processes, e.g., surgery, vomiting, or parenteral fluid therapy. Electrolyte imbalance may be caused by diseases such as cirrhosis, or drug therapy, such as therapy with corticosteroids. Cirrhotic patients on Renese-R should be carefully observed for the development of hepatic precoma or coma. Signs of impending hepatic failure are tremor, confusion, drowsiness, and hepatic fetor.

Thiazides may precipitate kidney failure and uremia in patients with pre-existing renal pathology and impaired renal function.

Enteric-coated potassium salts with or without thiazides may be implicated in the etiology of nonspecific small bowel lesions, consisting of ulceration with or without stenosis, causing obstruction, hemorrhage and perforation, and frequently requiring surgery. Deaths due to these complications have been reported. Enteric-coated potassium salts should be used only when adequate dietary supplementation is not practical and should be discontinued at once if abdominal pain, distention, nausea, vomiting or GI bleeding occur.

Renese-R does not contain enteric-coated potassium salts.

Do not administer electroshock therapy within one week of cessation of reserpine.

Usage in Pregnancy and the Childbearing Age: Polythiazide is contraindicated in nursing mothers since thiazides appear in breast milk. Thiazides cross the placental barrier and appear in cord blood. The safety of reserpine for use during pregnancy or lactation has not been established. In women of childbearing age, the potential benefits of this polythiazide and reserpine combination should be weighed against possible hazards to the fetus. The hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

Precautions: Patients should be observed regularly for early signs of fluid or electrolyte imbalance and serum electrolyte studies should be performed periodically. Warning signs of possible electrolyte imbalance include fatigue, muscle cramps, GI disturbances, lethargy, oliguria, and tachycardia, and in extreme cases, hypotension, shock, and coma. Frequently, serum electrolyte levels do not correlate with clinical signs or symptoms of electrolyte imbalance. Unduly restricted salt intake or concurrent administration of digitalis may exaggerate metabolic effects of hypokalemia. A favorable ratio of Potassium to Sodium excretion lessens the possibility of hypokalemia occurring, but should it be suspected, foods with a high potassium content (bananas, apricots, citrus fruits, prune juice, etc.) should be given. Oral potassium may also be administered when necessary. Lower than usual doses of Renese-R and any other antihypertensive agents used concurrently should be considered.

There may be a rise in serum uric acid levels with or without overt symptoms of gout. Glucose tolerance may be disturbed in some patients and PBI levels may decrease without signs of thyroid disturbances.

Thiazides may augment the paralyzing actions of tubocurarine and decrease the arterial responsiveness to norepinephrine. Extra precautions may be necessary in patients (e.g., in surgery) who may need these drugs or their derivatives. Antihypertensive effects of Renese-R may be enhanced in postsympathectomy patients.

Reserpine: Should be used cautiously in patients with a history of peptic ulcer, ulcerative colitis since reserpine may increase gastric acid secretion. Extreme caution is needed in patients with a history of mental depression; reserpine should be discontinued at the first sign of depressive symptoms. Parkinsonism and confusion have been encountered, particularly in psychiatric patients, and are indications for withdrawal of the drug. Caution should be exercised when treating patients with impaired renal function as lowered blood pressure may result in further decompensation and embarassment of function. Concurrent use with digitalis or quinidine may enhance the appearance of arrhythmias. Renese-R should be discontinued one to two weeks before elective surgery since unexpected degrees of hypotension and bradycardia have been reported when anesthesia is given concurrently with reserpine. In emergency surgery, parenteral vagal blocking agents may be given to prevent or reverse these effects. Reserpine may cause increased appetite and weight gain in some patients.

Adverse Reactions: *Polythiazide:* Nausea, vertigo, weakness, paresthesias, and fatigue occur but seldom require cessation of therapy; most of these can be overcome by reducing the dose or improving the electrolyte balance. Maculopapular rash and reversible cholestatic jaundice have been reported. Leukopenia (neutropenia) and purpura with or without thrombocytopenia have been reported rarely. Agranulocytosis and aplastic anemia have not yet been reported with polythiazide, although they have been reported with the older thiazides. Pancreatitis, photosensitivity reactions, gastrointestinal disturbances, headache, xanthopsia, necrotizing angiitis, orthostatic hypotension, and dizziness have all been reported following the use of the benzothiadiazine class of diuretics.

Reserpine: GI reactions reported include hypersecretion, nausea and vomiting, anorexia, and diarrhea. Cardiovascular reactions reported include angina-like symptoms, arrhythmias—particularly when used with digitalis or quinidine—flushing of the skin, and bradycardia. CNS reactions range from drowsiness, depression, nervousness, paradoxical anxiety, nightmares, and a rare Parkinsonian syndrome to CNS sensitization manifested by deafness, glaucoma, uveitis, and optic atrophy. Nasal congestion is frequent, and pruritus, rash, dryness of mouth, dizziness, headache, purpura, impotence or decreased libido, and miosis have been reported but these reactions are usually reversible and disappear when the drug is discontinued.

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Supply: Renese-R (2 mg. polythiazide—0.25 mg. reserpine) available as blue, scored tablets in bottles of 100 and 1000.

Please consult full Product Information before prescribing.

RENESE® (polythiazide)

Contraindications: Anuria. Hypersensitivity to this or other sulfonamide derivatives. The routine use of diuretics in otherwise healthy pregnant women with or without mild edema is contraindicated and possibly hazardous.

Warnings: Use with caution in severe renal disease. Cumulative effects of the drug may develop in patients with impaired renal function. Azotemia may be precipitated in patients with renal disease.

Use with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may be additive or potentiative of the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Usage in Pregnancy: In women of childbearing age, the potential benefits of thiazides must be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

Nursing mothers: Thiazides cross the placental barrier and appear in cord blood and breast milk.

Precautions: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance; namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Digitalis may also influence serum electrolytes. Warning signs, irrespective of cause, are: dry mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and GI disturbances such as nausea and vomiting.

Hypokalemia may develop with any potent diuretic, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH. Interference with adequate oral electrolyte intake will also contribute to hypokalemia; digitalis therapy may exaggerate metabolic effects of hypokalemia, especially on myocardial activity.

Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances such as in liver or renal disease. Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction rather than salt administration except rarely, when the hyponatremia is life threatening. In actual salt depletion, replacement is the therapy of choice.

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E. Cardiovascular—Orthostatic hypotension may occur and may be aggravated by alcohol, barbiturates or narcotics.

F. Other—1. hyperglycemia 2. glycosuria 3. hyperuricemia 4. muscle spasm 5. weakness 6. restlessness

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

Dosage and Administration: Therapy should be individualized according to patient response. This therapy should be titrated to gain maximal therapeutic response as well as the smallest dose possible to maintain that therapeutic response.

Usual daily doses are: Diuretic—1 to 4 mg. Antihypertensive —2 to 4 mg.

Supplied: Renese (polythiazide) Tablets are available as: 1 mg. white, scored tablets in bottles of 100 and 1000; 2 mg. yellow, scored tablets in bottles of 100 and 1000; 4 mg. white, scored tablets in bottles of 100 and 1000.

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F. Other—1. hyperglycemia 2. glycosuria 3. hyperuricemia 4. muscle spasm 5. weakness 6. restlessness

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

Dosage and Administration: Therapy should be individualized according to patient response. This therapy should be titrated to gain maximal therapeutic response as well as the smallest dose possible to maintain that therapeutic response.

Usual daily doses are: Diuretic—1 to 4 mg. Antihypertensive —2 to 4 mg.

Supplied: Renese (polythiazide) Tablets are available as: 1 mg. white, scored tablets in bottles of 100 and 1000; 2 mg. yellow, scored tablets in bottles of 100 and 1000; 4 mg. white, scored tablets in bottles of 100 and 1000.

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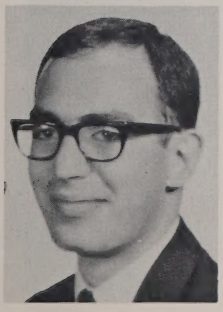
NEW MEMBERS

Palanivelu J. Ramaswamy, M.D. – 15 Mulberry Street, Springfield, Massachusetts. Born: June 20, 1933. Medical School: Madras Medical College, 1956; Internship: Samaritan Hospital, Troy, N. Y.; Residency: Carney Hospital, Boston, Massachusetts; Springfield Hospital, Springfield, Massachusetts; Hartford Hospital, Hartford, Connecticut; St. Francis Hospital, Hartford, Connecticut; Specialty: Internal Medicine and Cardiology.

James G. Rich, M.D. – 780 Chestnut Street, Springfield, Massachusetts. Born: May 17, 1934. Medical School: University of Chicago School of Medicine, 1960; Internship: Columbia-Presbyterian, 1960-1961; Residency: Massachusetts General Hospital – Boston Children's Hospital, 1963-66; Boston City Hospital, 1961-62, 1966-67, 1969-71; Specialty: Orthopedic surgery.

Thomas V. Rossi, M.D. – 44 Grant Avenue, Watertown, Massachusetts. Born: May 3, 1940. Medical School: New York Medical College, 1966; Internship: St. Vincent's Hospital, New York, N. Y., July 1966 – June 1967; Residency: Milwaukee County General Hospital, July 1969 – June 1970; Boston University Affiliated Orthopedic Residency, July 1970 – June 1973; Specialty: Orthopedics.



Jonathan Rovere, M.D. – 123 Green Hill Road, Longmeadow, Massachusetts. Born: December 28, 1941. Medical School: State University of New York, Downstate Medical Center, 1967; Internship: King's County Hospital, Brooklyn, N. Y., 1867-1968; Residency: King's County Hospital, 1968-1969; Bronx Municipal Hospital, Bronx, N. Y. 1969-1972; Specialty: Radiology.

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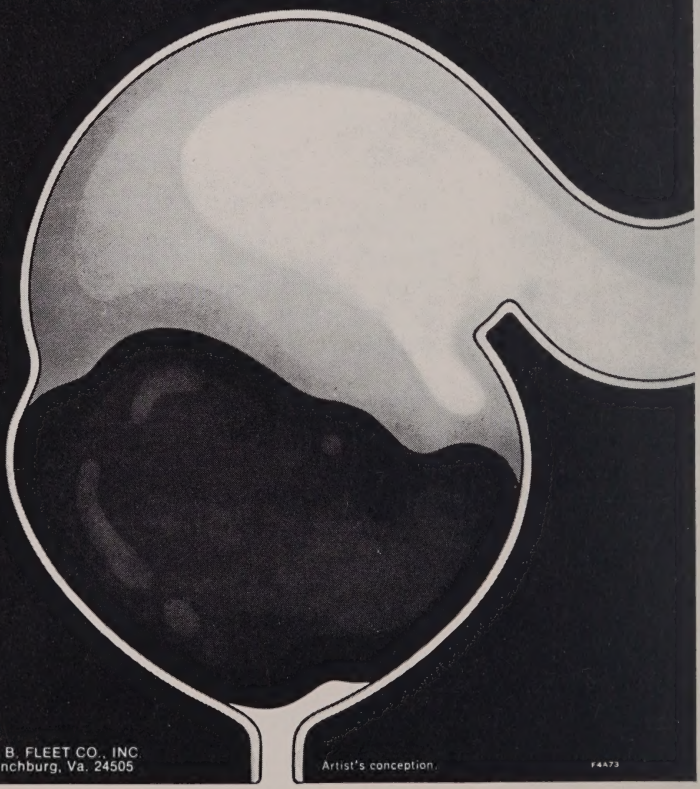

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THE MAKING OF A PRESIDENT

The making of a president (or president-elect) of the Massachusetts Medical Society doesn't begin on the day of his election, or even nomination. It begins long before that. In the case of our own Dr. John C. Ayres it began in 1953 when he became a member of the Hampden District Medical Society.

Before the ink was dry on his membership certificate John found himself knee deep in committee work. In the years that followed he was called upon to serve the Society in a variety of capacities, culminating in that of Executive Councillor. Quoting from the Massachusetts Physician of November, 1971: "John, as might be expected, brought new life and meaning to this important office. He not only actively participates in all the pertinent meetings but also keeps his district society fully informed on all actions taken by the Executive Committee in Boston." In 1972 the MMS expressed its confidence in Dr. Ayres by electing him a Director of Blue Shield. This is an office of great significance and responsibility. It is shared by only nine other physicians in the Commonwealth of Massachusetts.

In addition to these qualifications John brings to his new office the edifying experience of editing a medical bulletin. What has the one to do with the other? A great deal. It is almost impossible to edit a monthly publication like the Hampden Hippocrat for several years without learning a great deal about the structure, problems and aspirations of organized medicine. Finally, Dr. Ayres brings to the MMS presidency a solid, professional background in the fields of public health and of hospital administration. His expertise in these areas will undoubtedly be utilized by the MMS in its quest for a more harmonious relationship with the Massachusetts Department of Public Health as well as with the Massachusetts Hospital Association. With apologies to Shakespeare: ". . . 'tis a consummation devoutly to be wish'd."

These, briefly, are some of the attributes that Dr. John Ayres will bring to the presidency of the MMS. His election is indeed a well deserved tribute not only to him but also to the district society that nurtured him. The timing also seems very propitious. It is a time when the grassroots of Western Massachusetts are clamoring for greater recognition and representation. It is a time also when the MMS is considering seriously holding one of its forthcoming meetings in our own more immediate environs.

It seems fittings to conclude these paragraphs with a quote, again, from the Massachusetts Physician of November, 1971: "If the star of Hampden shines bright today in the galaxy of the MMS, it is due largely to the leadership exemplified by John C. Ayres, M.D."

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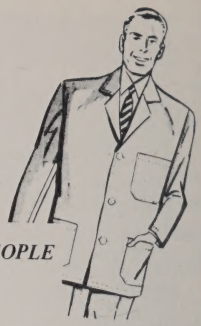

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HIGHLIGHTS OF THE JUNE EXECUTIVE COMMITTEE MEETING

The Executive Committee convened on June 12, 1973 in the Conference Room of the HDMS. Present were Drs. Zacarian, LaMarche, Burke, Kelley, Stevens, Kraus, Asinas, Cummings, Janovsky, Sheehan, Dr. Paul McKenna, representative from the Valley District Dental Society and Mrs. Purdy.

The new president, Dr. Zacarian called his first meeting to order at 7:15 P.M.

The minutes of the May meeting were read and approved by the committee.

CORRESPONDENCE

A letter from the City of Holyoke Centennial Committee was read as informational and filed.

Dr. Philip Keitlen wrote and resigned from HDMS. He is presently residing in Florida, and his resignation was accepted with regrets.

A letter from the Health Services Institute of Springfield was read and will be filed as informational.

A letter of resignation from Dr. Joan Brady was read. She is now residing in New Jersey. It was accepted and a letter of well-wishes will be sent.

A letter from Kathleen Greenan, R.N. of STCC was read and again she asked for representation of HDMS physicians to the Health Advisory Board. Dr. Cummings will speak with Mrs. Bryzinski, the Dean and ask her for details. An explanatory letter will be printed in the HH. September issue.

OLD BUSINESS

A proposal for a South Pacific Adventure by INTRAV was discussed. The committee approved for exploration further information about the trip. Dates, prices, etc. will be obtained from INTRAV.

Three physicians asked for remission of dues because of their illnesses and one for a lower rate as he is in military service. The three remissions were granted and the physician in service will be charged one half of the regular dues.

A letter from Attorney Milstein answering questions formally directed to him by the Society regarding minors was read as informational. Its contents will be printed in the next Newsletter. An editorial from the Hartford County Medical Association bulletin concerning telephone listing of professional corporations was read as information. Its contents and significance for IRS will be published in the next Newsletter.

The Executive Committee is deliberating an issue of ethics and a request for a punitive procedure, which arose over a local newspaper article. The article indicated the names of a hospital and physicians (with photographs) and thereby raised the possibility of "unethical advertising." Both sides have expressed their views and explanations. Rebuttal is forthcoming, if arbitration is not successful, the issue will be forwarded to the Committee on Ethics & Discipline of the MMS.

The Peer Review Committee had requested the Executive Committee to assist in reviewing one of its cases. The physician and Dr. Stoler were invited into the meeting room and the letter from Dr. Stoler was read and will be incorporated into the minutes of this meeting. The physician was questioned and in turn offered his opinion and interpretation of the presented material. The committee (chosen from the community of his peers and colleagues) concluded; that although

he was within his rights and had not violated any medical or ethical principle; he would be betraying a mutual trust, imposed upon us all by practising in this community. It was further pointed out that the Executive Committee felt he was out of line and in the long run he would hurt himself by alienating his colleagues.

Dr. McKenna, dental representative, reported on a meeting held with HEW and their legislative lobbyist of Boston. All welfare bills for 1969, 1970, 1971 for individuals that have been received will be paid as funds are available. After June, 1973 billing will be done by computer and regular pay will start as of September, 1973, hopefully.

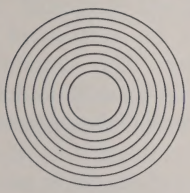
NEW BUSINESS

The questionnaire about dinner meetings sent originally from Dr. Boss, Jr. was discussed and it was decided that if meetings were limited to just business then attendance would be poor. The committee then voted to hold four dinner meetings, one of which will be paid for by the physicians and the other three paid for by the medical society.

A detailed study of physicians attendance, failure to cancel dinner reservations and attendance without reservations was made for the years 1970, 1971, 1972. The rising cost of food is reflected in increases in menu prices and most all restaurants now require a guaranteed number to which your society is held liable. The Society can and should not continue to pay for non-cancelled meals. Therefore, the Executive Committee voted that if a physician does not cancel his reservations by noon the meeting day he will be billed by the Treasurer for his dinner. This new policy will be effective September, 1973. It will be printed in the Hampden Hippocrat and a Newsletter. No policy was set to cover the situation of a physician attending the dinner without reservations.

The ensuing district meeting/eating places will be planned by Dr. Stevens and Mrs. Purdy, and published. U. S. Senator Bennett (PSRO) has been invited to speak at one of the fall or winter meetings. When a definite date is confirmed the membership will be informed.

Dr. Zacarian expressed his desire to honor one of our local news media for its



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participation in advancing the health fields. Dr. Asinas, the chairman for the Public Relations Committee will do this as a project and the honor will be bestowed at the Annual Meeting in April, 1974.

Dr. William Cummings was reappointed as our representative to the Executive Committee of the Valley District Dental Society. Dr. Girotti, Secretary of the dental society will be notified of Dr. Cummings reappointment and asked to notify him of their meetings.

An ad hoc committee to deal with psychiatric problems of physicians will be appointed by Dr. Zacarian.

Dr. Brendler was appointed as Alternate to the Legislative Committee.

Dr. Mozden was appointed as Alternate to the Public Relations Committee.

Dr. Vincent Guardione was appointed to serve for one year as advisor to the Hampden District Association of Medical Assistants.

The Executive Committee evaluated phonograph records in Spanish and English which can be distributed to local radio stations for spot teaching about VD. They were furnished to Dr. Ayres and he asked for our opinion. Mr. Monte Flagg of the Springfield School System has spoken to Dr. Zacarian about the use of a special movie film for instruction on VD to the Springfield students. The procurement cost is $320. The committee voted to assist in the purchase of the film and to make sure the film will be offered to other Hampden District School Systems. It was decided not to buy or use the records.

At a recent meeting of district society secretaries, Dr. Gephart suggested that the word *Mediation* be substituted for *Grievance* Committee. The committee approved and the By-Laws Committee will be asked to make the necessary changes.

A physician who had placed an ad in a local newspaper will be sent a letter to determine intent. To quote from the AMA's Judicial Council – "A physician who permits his name and photograph to be used in advertising promotion is acting contrary to the ethical principles of the profession."

It was voted by the committee that HDMS should contribute $15.00 to Channel 57 the educational station.

The committee approved sending the Executive Secretary to the AMA convention in New York City.

The committee approved inviting a Massachusetts Senator or Representative to attend a future meeting of the Executive Committee.

Mrs. Purdy reported that the Council meeting of the MMS would be held in Springfield in October. Mr. Spencer and Mrs. Purdy will investigate the meeting place for the council and make necessary arrangements.

The meeting was adjourned at 10:06 P.M.

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News of the Foundations:

Commonwealth Institute of Medicine

The Corporation of the Commonwealth Institute of Medicine consists of members elected from each district and, additionally, the President and President-elect of the Massachusetts Medical Society.

The Affairs of CIM are managed by its Board of Directors, 21 in number. Thirteen of the directors are physicians: five are designees of (1) the Governor of the Commonwealth, (2) the President of Blue Cross, (3) the President of Blue Shield, (4) the Chairman of the Health Insurance Council, and (5) the President, Massachusetts Hospital Association. The remaining three members are elected by the Corporation to represent a medical agency of the Federal Government, labor and the consumer.

The officers and members of the Board of Directors are as follows: President – H. Thomas Ballantine, Jr., M.D.; Vice-President – James F. McDonough, M.D.; Secretary – Louis F. Alfano, M.D.; Treasurer – E. Langdon Burwell, M.D. The thirteen physician members of the Board are Louis F. Alfano, M.D.; H. Thomas Ballantine, Jr., M.D.; Edgar D. Bell, M.D.; Robert J. Brennan, M.D.; E. Langdon Burwell, M.D.; J. Stanley Carp, M.D.; John Chiarenza, M.D.; James Gormley, M.D.; Sumner H. Hoffman, M.D.; Dennis King, M.D.; Robert N. LaMarche, M.D.; James F. McDonough, M.D.; Darien Terrile, M.D. The five designees are: Daniel Bernstein, M.D., Tri-State Regional Medical Program; Mr. Albert L. Giles, Executive Vice-President, Massachusetts Blue Shield, Inc.; Mr. William J. Farrell, Chairman, Health Insurance Council; Mr. Arthur G. Carty, Executive Vice-President, Massachusetts Blue Cross, Inc.; Mr. William Nellis, representing the Massachusetts Hospital Association. The labor representative is Mr. Joseph A. Sullivan, President, Massachusetts State Labor Council, AFL-CIO; consumer represenative – to be named; Governor's representative – to be named.

Despite the diversity and the fact that so many of the Directors represent vested interests, the Board has functioned with a surprising degree of harmony.

Your committee feels very strongly that every member of the Massachusetts Medical Society must become involved in the Foundation movement and has an obligation (if the private practice of medicine is to be preserved) to become informed and be ready to provide input into the PSROs."

OTHER ACTIONS

Upon recommendation of the Committee on Peer Review and with advice from the Legal Counsel, the Council adopted two resolutions delineating charges to the State and district Committee on Peer Review so as to bring the members of these committees within the protection of the professional immunity statute, G.L., Chapter 231, Section 85 N.

The Council voted that the October 10, 1973 Council meeting be held in Western Mass.

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ACADEMY HONORS ITS PRESIDENTS

The Springfield Academy of Medicine took time out at its annual meeting of May 8, 1973 to honor all the living past presidents of the Academy.

Each past president was presented a plate, cup and saucer, embossed with the Academy's seal and bearing the manufacturer's date of 1918. Historically, these dishes were used to serve the post-lecture luncheons – a traditional practice in bygone days.

The following were honored: Drs. Allen Rice (the oldest living past president, now residing in California), Arthur J. Horrigan, Joseph P. Derby, Frederick S. Hopkins, Eugene W. Beauchamp, Sr., Alphonse A. Palermo, Ambrose Connelly, Max Millman, Wayne Barnes, Thomas Reilly, Donald B. Hayes, Howard Kennedy, Frank Hurley, William B. Coen, Omar T. Pace, John M. Maloney, Richard J. Maher, James D. Fisher, Carroll Bryant, Bernard Gilchriest, Victor Panitch, Bernard Bloom, and the immediate past president Leroy J. Kendrew.

Dr. Lorne C. Smith, the incoming president of the Academy made the presentations and spoke briefly of some of the activities that characterized each term of office.

THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on
TUESDAY, SEPTEMBER 11, 1973

SPEAKER:

HOWARD M. SPIRO, M.D.
Chief of Gastroenterology
Yale University School of Medicine

TOPIC:

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PROGRAM:

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6:30 Social Hour – Yankee Pedlar Inn
7:00 Dinner
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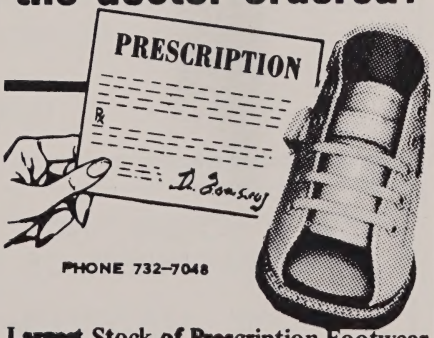

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NOTICE: There will be a meeting of the editors and all personnel interested in the Hampden Hippocrat, on Sunday July 29, 1973 about 4 P.M. the afternoon, at 24 Salem Road, Longmeadow. (567-0454). The purpose will be to discuss the direction of the bulletin for the coming year.

Walton E. Stevens,
Editor-in-chief

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THOUGHTS ON BECOMING AN EDITOR

In August 1964, my professional career in Springfield began. This event was followed by membership in the Hampden District Medical Society. A blur of faces – a censor's exam, names not connected with people, the first Society meeting – more people, more physicians. Then my first copy of the "Hampden Hippocrat" arrived – an island in a sea of confusion and unsuredness. Monthly perusal revealed the personnel, the functions, the tasks of the Hampden District Medical Society. The problems facing my colleagues and the ideas used for solutions were clearly laid out for me. Names, faces and ideas were fused – the sea calmed. My position of an outsider looking in gradually changed, as the Society's leadership invited me to join, to participate first as a councilor, then as your Secretary. Now you have honored me and further put your faith in me by selecting me to be your Editor-in-Chief. I sincerely thank you for these expressions of esteem.

The revised "Guiding Principles of the Hampden Hippocrat" clearly define the purposes of the "Hippocrat" and the roles of the Editorial Board. One of the stated purposes is "a. To serve the society: (1) as news bulletin and (2) as sounding board." The new board of Editors was chosen with this purpose in mind. Each associate editor represents a physician with a different data-bank. Each person will be developing a feature article of interest to himself and the Society. I sincerely hope the readership will respond with letters, suggestions, comments, (no brickbats please) so that a sounding board does develop in *our* "Hippocrat." As appropriate, letters to the Editors will be printed and answered as space provides. You will be kept apprised of both Societys' actions and policies as they apply to Hampden District and/or the Commonwealth. Constructive criticism is always welcomed.

Respectfully yours,

Walton E. Stevens

Walton E. Stevens, M.D. F.A.C.R.
Editor-in-Chief

Ernest A. Byron, Jr.

* * * * * *

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